

ex-offenders as well as their families, and has provided the support needed for a healthy society.

Providing support to ex-offenders is paramount to becoming productive citizens, taxpayers, mothers and fathers. Research has shown that successful employment interventions among ex-offenders benefits not only the ex-offender, but also his or her family, social networks, communities and society at large. The benefits reaped by society through the MASS organization and the work of Joyce Ann Brown are vital to the preservation of a healthy society and should rightfully be congratulated and recognized.

## OUR SYMPATHIES TO THE PEOPLE OF PAKISTAN

**HON. JOE WILSON**

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 29, 2009*

Mr. WILSON of South Carolina. Madam Speaker, on October 28, 2009, terrorists killed nearly 100 people—including dozens of women and children—when they attacked a women's market in Peshawar, Pakistan, with a car bomb. These type of heinous acts are a sad reminder of the gruesome tactics used by those who want to undermine stability in Pakistan and the region as well as threaten American families and our allies. I wish to express my deepest sympathies to the people of Pakistan—an ally of the United States in the global war on terrorism.

In the wake of these most recent attacks, Secretary of State Hillary Clinton—who was on the ground in Pakistan at the time—correctly stated that those terrorists who perpetrate these types of murderous acts are “on the losing side of history.” This is why we must continue to fight to defeat the terrorists overseas to protect American families here at home. We must stand with the people of Pakistan and the people of Afghanistan to protect and defend democracy and freedom.

I know firsthand of the sacrifices of the Pakistani people. I was honored to have breakfast with former Prime Minister Benazir Bhutto at her home in Islamabad four weeks and a day before she was murdered. The brave people of Pakistan responded to this brutal attack with resolve to continue building a civil society.

## PREVENTING EXTORTION

**HON. PETER A. DeFAZIO**

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 29, 2009*

Mr. DeFAZIO. Madam Speaker, the following essay was presented to me at a health care townhall. I believe this historical analogy is very sound.

PREVENTING EXTORTION

(By Jack Churchill)

The debate about a public health insurance option mirrors the debate about public power in the 1920's and 30's. The arguments then were very similar to the arguments we hear today.

The principal issue then was whether the federal government should enter the public

power business by investing taxpayers' money to build the Tennessee Valley Authority and to harness the Columbia and other rivers for electrical energy or the sites should be transferred to the private sector. A second issue was who should build transmission lines and set wholesale prices when the Federal government built dams.

The answer to the second question was first enunciated on the Senate floor in the fight over the Wilson Dam in 1920 by Senator John Sharp Williams of Tennessee. He said “The government should have somewhere a producer of these things that should furnish a productive element to stop and check private profiteering.” Thus was born the yardstick federal policy which later found its way into TVA legislation through the efforts of Nebraska's Senator George Norris. In a 1932 campaign speech in Portland, Oregon, Franklin Roosevelt referred to his TVA and other regional proposals as “yardsticks to prevent extortion against the public.”

Roosevelt's statement enunciated America's public power agenda, which through the years has saved the federal government and electrical consumers hundreds of billions of today's dollars. This public investment provided the electrical energy to build the bombers and the atomic bomb and was a critical factor in winning World War II.

At the time of the Yardstick Public Power legislation of the 1930's, most of the farms and homes in rural America were without electrical power. Only in the cities could private power companies make a profit selling electrical energy. With the launching of the New Deal yardstick pricing, together with publicly owned electrical cooperatives and public utility districts, rural America was electrified and private utilities ended up serving a large majority of rural consumers.

Because we adopted yardstick pricing back in the 30's, today America possesses a healthy and balanced mix of private, public, and cooperative electrical systems.

The public power analogy might be a useful device in combating the brutal campaign against a federal public health insurance option. History is repeating itself. We see the same epithets of socialism, unfair competition, and government interference with private enterprise.

Both America's constitutional system of government and our free enterprise economic system are built upon the fundamental notion of balancing power between institutions. It is only when there is an imbalance of power within one of the two systems or the share of power between them that we fail. Recent disasters created by imbalance, including Enron and California energy manipulation and the collapse of the American banking system, wiping out our citizens' retirement accounts, are painful examples.

Most importantly and perhaps most painful for great numbers of our citizens today, America trails all developed countries by many years in fashioning an effective national health services delivery system.

There is no industry that has a more shared and complex mix of nonprofit, government, and private for-profit delivery systems. Yet we have a system that is neither cost-effective nor meets the needs of our citizens whether insured or not. It is a system that is out of balance. It desperately needs an effective yardstick.

The imbalance in our system began in 1975 when the Supreme Court gave the green light to commercialization of medicine by removing medicine from protection of the antitrust laws. The imbalance was greatly exacerbated in 1980 when the American Medical Association changed its ethical guidelines to declare that medicine was no longer a professional service but both a business

and a profession. The other factor of great influence that has led to imbalance is the dominance of investor-owned private insurance companies born from the establishment of employer-based health insurance systems.

Thus began the corporatizing and domination of Wall Street in organizing and pricing for-profit medical services. Rather than a system organized to deliver cost-effective medical services to patients, today we have a system designed for profit.

Despite the roles of federal Medicare, state Medicaid, members of Congress health care programs, federal delivery systems such as the Veterans Administration, and nonprofit group health cooperative associations, the balance of power in our national health care delivery system is now largely in the hands of Wall Street-driven for-profit enterprises. Every medical procedure from putting on surgical gloves to sending bills to the insurance company has become a profit center. And the pricing for all the services are set largely in an oligarchical framework of administered pricing. There is absolutely no competitive pricing. Have you or anyone you know ever negotiated the price of medical service?

So history repeats itself. The Democratic party is charged with formulating another national yardstick policy that will have enormous consequences for the health and welfare of our citizens in generations to come. Like Franklin Roosevelt, President Obama is simply leading the nation to create sufficient power in the public sector to balance against the private sector and the Wall Street pricing effect. Or in President Roosevelt's words, “a yardstick to prevent extortion against the public.” And as President Obama stated the issue “to keep insurance companies honest.”

The failure of Congress to build in an effective market yardstick for pricing medical services would cost future generations trillions and fail to deliver cost-effective medical care to all our citizens. No amount of regulation will suffice. Only the market mechanism will provide effective cost reduction to pay for universal coverage.

## OCTOBER BREAST CANCER AWARENESS MONTH

**HON. JERRY MORAN**

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 29, 2009*

Mr. MORAN of Kansas. Madam Speaker, October is Breast Cancer Awareness Month. Besides skin cancers, breast cancer is the most common cancer occurring among American women. In 2009, it is estimated that around 179,000 new cases of invasive breast cancer will be diagnosed in the United States. And, an estimated 1 million new breast cancer cases will be identified in the coming year. For approximately 500,000 patients this year, this disease will be fatal. The time to address this problem is now.

I encourage all women to get a mammogram because early detection is the key to beating this disease. A time commitment of only one hour can save your life.

I am a proud sponsor of H.R. 1691, the Breast Cancer Patient Protection Act of 2009. This bill would prohibit a health care provider from limiting hospital stays for mastectomy or breast-conserving surgery to less than 48 hours. However, this measure protects and defers to the physician-patient relationship by not mandating a certain hospital stay if both